| Amendm | ent  |
|--------|------|
| Yes    | □ No |

## Statement of Organization - Independent Expenditure Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

| This form must be accompanied by form CRO-3500.  |   |   |
|--|---|---|
| L. Committee Information   |   |   |
| a. Full Name   | c. ID Number  |   |
| patriots for prograss  | Om Wau  |   |
| b. Mailing Address (include City, State and Zip Code)  | 2 5 2014  | d. Date Organized   |
| P.0 730x 554   | 7-14-H  |   |
| Dublin, nC. MERCE 80   | ARD OF ELECTIONS  | e. Phone Number   |
| 28332  |   | 910-874-3333  |
| 2. Treasurer information   | 4. Custodina of Rooks In  | for a state   |
| a. Full Name   | a. Full Name  |   |
| Jeffrey Scott Smith  | Cindy Brisson   | Lewis   |
| b. Mailing Address (include City, State, and Zip Code)   | b. Mailing Address (include Ci  | ty, State, and Zip Code)  |
| PD By 554  | 473 Brisson   |   |
| c. Phone Number d. Email Address   |   | ic. 38303   |
|  |   | Il Address  |
| 910-874-3333 Jeffrey Smith GEC. RR. com  | 410-729-9754  | riotsforprogresso   |
| S Assistant Treasurer information - Add - Add - Add  | 6. Account Information  | (incl. CRO-3500) 🔼 Add  |
| a. Fuli Name Rémove  | a. Financial Institution Full Na  | me 🔲 Romove   |
|  | Wells FAR   | Car Rail  |
| b. Mailing Address (include City, State, and Zip Code)   | b. Purpose  | BO DANK   |
|  | Accept And to   | inck Douations a  |
| c. Phone Number d. Email Address   | c. Account Code d. Type   |   |
|  | ch  | ective  |
| CERTIFICATION  |   | <del></del>   |
| I certify that the Committee or Fund is in compliance with a Chapter 163 of the NC General Statutes and that no funds a I further certify that this report is complete, true and correct is registered with the North Carolina State Board of Election defined by N.C. Gen. Stat. 163-278.6(6), directly or indirect contributions to candidates. Political committees signing the set forth in subsections (a) and (b) of N.C. Gen. Stat. 163-2 of Chapter 163 of the North Carolina General Statutes. If the adhere to this certification, then it must immediately notify the deposits or expenditures are made by the political committee.  If Treasurer is outside of NC, both the Treasurer and NC A Signer Signer | are commingled with prohibit and that I certify that the ains and does not and will not tly, to a candidate or a politic certification are not subject that the political committee determine North Carolina State Boate. | bited or other non-disclosed funds. bove named political committee at make any contributions as tical committee that makes ect to the contribution limitations other provisions of Article 22A rmines that it no longer wishes to ard of Elections before any further |
| Printed Name of Signer Signs   | ature of NC Assistant Treasurcr   | Date  |

7 ps/19

| Amendm    | ent |  |  |
|-----------|-----|--|--|
| Yes       | No  |  |  |
| Committee |     |  |  |

## Statement of Organization - Independent Expenditure Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

| a service and existing independent Expenditure Folitical committee, |
|---|
| This form must be accompanied by form CRO-3500.                     |
|   |

| L.Committee Into        | imatjoo' .  |                                       | Delice For March 18       | Contract (       |                | ACRES .            |
|-------------------------|---|---------------------------------------|---------------------------|------------------|----------------|--------------------|
| a. Full Name            |   |                                       |                           |                  | c. ID Number   |                    |
| PAtriots                | For Progres   | \$                                    | Receive                   | ani a            |                | Ī                  |
|                         | clude City, State and 2/p Code                            | )                                     |                           | <del></del>      | d. Date Organ  | ized               |
| P.O. Box 3              | 334   |                                       | AUG 6 20                  | 14               | 7-17-14        |                    |
| Dublin, Ne              | 28372   | ^                                     | 0 20                      | -                | e. Phone Num   |                    |
|                         | 0.0772  | C                                     | ampaign Fi                | nance            |                |                    |
| 2. Treasurer Infor      | mation  |                                       | 4.Costolian of Bi         |                  | ffan Jest      | 7. 查别人 > _ 5. 包含 B |
| a. Full Name            | 177   |                                       | a. Full Name              |                  | -4c            |                    |
| Amand                   | la Calli  | 75                                    | Ana                       | nda (            | Colli          | 2.5                |
|                         | clude City, State, and Zip Code                           | <u> </u>                              | b. Mailing Address (in    | clude City, Stat | e, and Zip Cod | e)                 |
| Ze                      | the Church  | 155                                   |                           | res Ci           |                |                    |
| 171 -                   | Jarheel, McC  | 28392                                 | 70                        | ishee            | \. \ c         | 28392              |
| c. Phone Number         | d. Email Address  |                                       | c. Phone Number           | d. Email Addr    | 000            |                    |
| 7312                    | Patriots for progres                                      | s 60 YAlco.                           | an 910-212-               | patriots         | forprogre      | SS@YAlooCo         |
| 5. Assistant Treasu     | rer Information   | ☐ Add A                               | 73/2.<br>6 Account Inform |                  |                |                    |
| a. Full Name            |   | Remove                                | a. Financial Institution  |                  |                | Remove             |
|                         |   | i                                     |                           |                  |                |                    |
| b. Mailing Address (inc | lude City, State, and Zip Code                            | )                                     | b. Purpose                | ·                | <u></u>        |                    |
|                         |   |                                       |                           |                  |                |                    |
|                         |   |                                       |                           |                  |                |                    |
| c. Phone Number         | d. Email Address  |                                       | c. Account Code           | d. Type          |                |                    |
|                         |   |                                       |                           |                  |                | j                  |
| CERTIFICATION           |   |                                       |                           |                  |                |                    |
| I certify that the C    | ommittee or Fund is in cor                                | npliance with a                       | ll applicable provisi     | ons of Article   | - 22A 22D 8    | 32D 22M of         |
| Chapter 163 of the      | NC General Statutes and                                   | that no funds as                      | re commingled with        | prohibited or    | other non-d    | isclosed funds     |
| i further certify that  | at this report is complete, t                             | rue and correct                       | and that I certify that   | at the above r   | amed politic   | al committee       |
| defined by N.C. Go      | he North Carolina State B<br>en. Stat. 163-278.6(6), dire | oard of Election<br>actly or indirect | is and does not and i     | will not make    | any contribu   | utions as          |
| contributions to car    | ndidates. Political commi                                 | ttees signing thi                     | is certification are no   | a political co   | he contributi  | on limitations     |
| set forth in subsect    | tions (a) and (b) of N.C. G                               | en. Stat. 163-27                      | 8.13 but must abide       | by all other     | provisions of  | Article 22A        |
| of Chapter 163 of t     | the North Carolina Genera                                 | ll Statutes. If th                    | e political committe      | e determines     | that it no lor | ger wishes to      |
| denosits or expend      | fication, then it must imme itures are made by the pol    | diately notify th                     | e North Carolina Sta      | ite Board of I   | Elections bef  | ore any further    |
|                         |   |                                       |                           |                  |                | 1                  |
| If Treasurer is outs    | side of NC, both the Treasi                               | urer and NC As                        | sistant Treasurer mu      | ıst sign Certit  | fication.      |                    |
| <i>,</i> ^ 1            | O. M.   | //                                    | INI                       | /                | ø.             | <u>.</u>           |
| 1 Hmanda                | Collins   | Mr                                    | 6 CM                      |                  | <u>8</u> - 4   | 1-14               |
| Printed                 | Name of Signer  | Sign                                  | ature of Appointed Treas  | игег             | D              | ate                |
|                         |   |                                       |                           | •                |                |                    |
| Printed                 | Name of Signer  | Signat                                | ure of NC Assistant Trea  | surer            | D              | Pate               |
|                         |   |                                       |                           |                  |                | ]                  |

| Aniendm | ent  |
|---------|------|
| ✓ Yes   | □No  |
| <u></u> | -244 |

## Statement of Organization - Independent Expenditure Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

| This form must be accompanied by form CRO-3500.   |                             |                  |                                       |
|---|-----------------------------|------------------|---------------------------------------|
| l Committee Information   |                             | and the second   |                                       |
| a. Full Name  |                             |                  | c. 1D Number                          |
| YATA DIS FOR PROCIES  | Recei                       | Von              | STA ADDITION AT                       |
| b. Mailing Address (include City, State and Zip Code)   |                             |                  | d. Date Organized                     |
| D.O. Par 554  | 00720                       | 2014             |                                       |
|   | Campsign F                  | ru14             | 7-17-2014                             |
| Dublin, 40 28372  | and Son F                   | insma.           | e. Phone Number                       |
| J. 40217  |                             |                  |                                       |
| 2. Treasurer Information  | 4. Custodian of B           | ooks Inform      | ation - Arabia Arabia                 |
| a. Full Name  | a. Full Name                |                  |                                       |
|   |                             |                  |                                       |
| b. Mailing Address (include City, State, and Zip Code)  | b. Mailing Address (i       | relada City Sto  | to and The Codes                      |
|   | D. Marining Federal (18     | iciale City, Sta | te, and Zip Code)                     |
| P.O. Buy 554<br>Dullin, No 28332  |                             |                  | 1                                     |
| c. Phone Number d. Email Address  | District State              | T                |                                       |
|   | c. Phone Number             | d. Email Add     | ress                                  |
| PATr. Ots For Progras & Walou   | · c+ -                      |                  |                                       |
| Assistant treasure Information  | 6 Account Inform            | nation a tole    | £\$RØ≥3600 □ 1×86€ 28€ 3              |
| a. Full Name Renove   | a. Financial Institutio     | o Full Name      | □ (tengye, see                        |
| _   | ·                           |                  |                                       |
| . Mailing Address (include City, State, and Zip Code)   | b. Purpose                  |                  |                                       |
|   |                             |                  |                                       |
|   |                             |                  | i                                     |
| Phone Number d. Email Address   | c. Account Code             | d. Type          |                                       |
| 001-01-60   |                             | u. 13pc          | · · · · · · · · · · · · · · · · · · · |
| CERTIFICATION Progress O YALOW  |                             |                  |                                       |
|   | ,                           | *                |                                       |
| I certify that the Committee or Fund is in compliance with  | th all applicable provis    | ions of Articl   | e 22A, 22B & 22D-22M of               |
| omptor ros of the Ne General Statutes and that no fund  | is are comminated with      | nrohibited o     | rothornon disclass 1 C 1              |
| Tractife certify that this report is complete, true and corr  | ect and that Leartify th    | at the above     | nomed mulitical activities            |
| is registered with the North Carolina State Board of Elec defined by N.C. Gen. Stat. 163-278.6(6), directly or indirectly the contributions to condidates. Political visual states are stated to the contributions to condidates. | rectly to a condidate of    | will not mak     | e any contributions as                |
| contributions to candidates. Political committees signing set forth in subsections (a) and (b) of N. G. Con. Set 160  | this certification are r    | r a pointeat e   | ommittee that makes                   |
| see form in subsections (a) and (b) of N.C. Gen, Stat. 163  | 5-2/X I i but must abid.    | e by all other   | provisions of Auti-1, 20 4            |
| of Chapter 105 of the North Carolina General Statutes. 1  | I the political committe    | aa datarmina     | . + ho + 24 1                         |
| deficie to this certification, then it must immediately notify  | the North Carolina St       | ate Board of     | Elections before any further          |
| deposits or expenditures are made by the political commi  | ittee.                      | are Board of     | Elections octore any futurer          |
| If Treasurer is outside of NC both days   |                             |                  | i                                     |
| If Treasurer is outside of NC, both the Treasurer and NC  | Assistant Treasurer m       | ust sign Certi   | fication.                             |
| 1= Maila A Kimland  | h0 L                        | n                |                                       |
| Printed Name of Signer  | cell //cr                   | Haw)             | <u> 10-13-14</u>                      |
| Transe traine of Signer 7   | Signature of Appointed Trea | surer            | Date                                  |
|   |                             |                  | 1                                     |
| Printed Name of Signer Sig  | gnature of NC Assistant Tre | asurer           | Date                                  |
|   |                             |                  | Date                                  |